

The members of the British Cardiac Society dedicate this number to Sir John Parkinson with admiration and affection on the occasion of his election as an Honorary Member of the Society.

SIR JOHN PARKINSON, M.D.

BY

PAUL D. WHITE

It has been my good fortune to receive an invitation to write this foreword for the number of the *British Heart Journal* dedicated to Sir John Parkinson. Not only do I represent the vast number of his friends all over the world, but I voice a widespread opinion in the simple statement that this man has exerted with the utmost modesty one of the most important influences for the good of medicine in his time.

It was a great privilege to become acquainted with John Parkinson when we were both working as young medical men in London nearly forty years ago. He was assistant to Sir James Mackenzie at the heart clinic at the London Hospital and occasionally Jonathan Meakins and I went over there to listen and to learn when we could find time from our research work at Thomas Lewis' laboratory at University College Hospital. John Parkinson's zeal, ability, and charming personality at once attracted me, as they did so many others, and from the day when I first met him in London, the year before the First World War began, hardly a year has passed without our meeting either in Europe or in the U.S.A. Friends from many countries will remember with pleasure the charming hospitality of Sir John and Lady Parkinson at Devonshire Place and, since the war, in his beautiful house and garden at Hampstead. Our friendship has grown with the years. Nevertheless, despite the affection that I have always felt for him, I am confident that I can view objectively his lifetime of medical accomplishments.

Of all the physicians that I have met none has so well exemplified the highest type of three-fold service—practice, teaching, and research. An ideal practitioner of medicine in his special field, he has numbered among his patients many of the world's leaders, great men and great women, while at the same time he has devoted as much care to the sick who were poor and needy. Always he has had a cheerful word for every patient in bed at hospital or at home, in out-patient clinic or in his consulting room. Happily he will continue to give his patients the benefit of his great experience and wisdom, and his friends hope that he may have more time to devote to his roses and rhododendrons, and perhaps to a resumption of his former interest in the art of painting.

A clear and forceful teacher, John Parkinson has taught and inspired thousands of medical students and physicians in both formal and informal classes, mostly at the London Hospital, but also at the National Heart Hospital, and in other clinics, not only in Britain but in foreign lands too. Among his clinical assistants who later became associates in teaching and research and finally have held important posts of their own have been D. Evan Bedford of the Middlesex Hospital, elected last autumn to represent Britain on the new International Council of Cardiology, Maurice Campbell in charge of the cardiac department at Guy's Hospital and editor of the *British Heart Journal*, and William Evans, Parkinson's successor at the London Hospital.

One of the organizers of the British Cardiac Society, he has been a source of strength to the sound development of the speciality of cardiology in the British Isles. One of the three European members of the first International Cardiac Council (Professors Laubry of Paris and Nylin of Stockholm were the other two) he helped to organize the first International Congress of Cardiology and to launch the new International Society of Cardiology, both of which events took place in September, 1950, in Paris. He was elected the first Honorary Member of the International Society when he declined to be a candidate for office.

In clinical research in the field of cardiovascular disease John Parkinson has, from his early days with Mackenzie, made numerous sound contributions. He has been particularly interested in clinical roentgenology and electrocardiography and several of his papers on these technics are

already classics. The syndrome of congenital atrial septal defect interested him greatly and he published an important paper on the subject with colleagues in 1941. The radiological features were fully described and the paper helped greatly in the wider recognition of this condition.

Cardiac Infarction and Coronary Thrombosis (with D. Evan Bedford), *Lancet*, 1927, 2, 1012.

Successive Changes in the Electrocardiogram after Cardiac Infarction, *Heart*, 1928, 14, 195.

Bundle Branch Block with Short P-R Interval in Healthy Young People Prone to Paroxysmal Tachycardia (with Louis Wolff and Paul D. White), *Amer. Heart J.*, 1930, 5, 685.

Electrocardiographic Changes During Brief Attacks of Angina Pectoris (with D. Evan Bedford), *Lancet*, 1931, 1, 15.

The Size and Shape of the Heart in Goitre (with Harold Cookson), *Quart. J. Med.*, 1931, 24, 499.

The Radiology of Heart Disease, *Brit. Med. J.*, 1933, 2, 591.

The Heart in Emphysema (with Clifford Hoyle), *Quart. J. Med.*, 1937, 6, 59.

Cardiac Aneurysm (with D. Evan Bedford and W. A. R. Thomson), *Quart. J. Med.*, 1938, 31, 455.

The Radiology of Rheumatic Heart Disease, *Lancet*, 1949, 1, 895.

Atrial Septal Defect (with D. Evan Bedford and C. Papp), *Brit. Heart J.*, 1941, 3, 37.

Rheumatic fever has received much attention from John Parkinson and he has been helpful in instituting researches and public health programmes in this disease which has been so prevalent in Britain in the past. The following papers are among those on this subject.

The Heart and Its Rhythm in Acute Rheumatism (with A. Hope Gosse and E. B. Gunson), *Quart. J. Med.*, 1920, 13, 363.

Rheumatic Fever and Heart Disease: Harveian Oration, *Lancet*, 1945, 2, 657.

Early Diagnosis of Rheumatic Valvular Disease in Recruits (with R. Hartley), *Brit. Heart J.*, 1946, 8, 212.

Arrhythmias also were always an interest of Parkinson inherited from his early days with Mackenzie. Examples of such interest that have been helpful in the clinic are the following.

The Course and Treatment of Auricular Flutter (with D. Evan Bedford), *Quart. J. Med.*, 1927, 21, 21.

Paroxysmal Auricular Fibrillation: A Record of 200 Cases (with Maurice Campbell), *Quart. J. Med.*, 1930, 23, 67.

The Electrocardiogram of the Stokes-Adams Attacks (with C. Papp and William Evans), *Brit. Heart J.*, 1941, 3, 171.

Repetitive Paroxysmal Tachycardia (with C. Papp), *Brit. Heart J.*, 1947, 9, 241.

Finally, much attention has always been paid to therapeutic studies. Parkinson was a pioneer in calling attention to the value of epinephrine in the treatment of Adams-Stokes syndrome. With Clark-Kennedy he early stimulated the English speaking cardiologists to use digitalis in the treatment of congestive heart failure in the presence of normal rhythm. Until then the English school was still largely following Mackenzie and Lewis in the limitation of digitalis therapy to patients with atrial fibrillation and flutter but Parkinson found that this drug did help some cases of failure who had normal rhythm. Another useful paper recorded the experience of Parkinson and Campbell in their use of quinidine in the treatment of auricular fibrillation.

Adrenalin Treatment of Adams-Stokes Syndrome (with A. G. Phear), *Lancet*, 1922, 1, 1933.

Heart Failure with Normal Rhythm (with A. E. Clark-Kennedy), *Quart. J. Med.*, 1926, 19, 113.

The Quinidine Treatment of Auricular Fibrillation (with Maurice Campbell), *Quart. J. Med.*, 1929, 22, 281.

This foreword is a very inadequate summary of some of the accomplishments of John Parkinson. Most important of all has been to know the man himself, to appreciate his endowment with the divine fire handed on through the ages from the torch of Asklepios and Hippocrates themselves, and to come under the influence of his calm and kindly spirit.